U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E (JA27285)	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 26.75	2. Fiscal Year Covered From:
3. Name and address of person filing.	1 2004 Through: 12 31 2004 4. Name, file number, and address of labor organization.
Mana	
Charles Stewart	Seararers International Union of NA
<u> </u>	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4806 NW 36th Street, #602	Street 5201 Auth Way
City Lauderdale Lakes	Camp Springs
State Florida ZIP Code +4 33319	State Maryland ZIP Code + 4 20746
5. Position in labor organization. Vice President	
Enter appropriate data below if, during the past flecal year, you or your spo	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Enter appropriate data below if, during the past flecal year, you or your spo (except as specified in the exch A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization	derived income or other economic benefit of ion represents or is actively seeking to represent.
Enter appropriate data below if, during the past flecal year, you or your spo (except as specified in the exclusion of the ex	usions set forth in the instructions); derived income or other economic benefit of
Enter appropriate data below if, during the past flecal year, you or your spo (except as specified in the exclusion.) A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of lon represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, during the past flecal year, you or your spo (except as specified in the exclusion of the ex	derived income or other economic benefit of ion represents or is actively seeking to represent.
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Enter appropriate data below if, during the past flecal year, you or your spo (except as specified in the exclusion of the ex	derived income or other economic benefit of lon represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Charles Stewart	File Number U- 2675	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer	
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Seafarers Vacation Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5201 Auth Way City Camp Springs State Maryland ZIP Code + 4 20746	14.a. Nature of payment. Reimbursement of Expenses for Trustees' Meetings. Hotel room paid directly by the Seafarers Vacation Plan (amount unknown).	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$434	